

Bishop

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5534

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 85

BIRTH NO.

04 04  
OF DEATH  
AND  
0201  
RESIDENCE  
6CEDENT  
PERSONAL  
DATA 174CAUSE  
OF  
DEATH  
EM 18)RATIONS,  
UTOPSY  
DEATH  
UE TO  
TERNAL  
OLENCEMEDICAL  
ORONER'S  
FICATIONNERAL  
ECTOR  
AND  
ISTRAR

## 1. PLACE OF DEATH

A. COUNTY

Gila

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)

Globe

C. LENGTH OF STAY  
IN THIS PLACE IN ARIZONA

3 yrs. 177

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Gila General Hospital

## 2. USUAL RESIDENCE

(WHERE DECEASED LIVED.

IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE

Arizona

B. COUNTY

Gila

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)

OR

TOWN

Miami

Rural

D. STREET

Midland City

(IF RURAL, GIVE LOCATION)

## 3. NAME OF DECEASED

(TYPE OR PRINT)

A. (FIRST)

John

B. (MIDDLE)

Benjamin

C. (LAST)

Beener

4. SEX

Male

5. COLOR OR RACE

White

6. MARRIED

NEVER MARRIED

WIDOWED

DIVORCED

7. DATE OF BIRTH

MONTH

DAY

YEAR

Nov 12 1876

8. AGE

YEARS

MONTHS

DAYS

74 2 2

9. UNDER 24 HOURS

HOURS

MIN.

70

9A. USUAL OCCUPATION (GIVE KIND OF WORK

DURING MOST OF LIFE, EVEN IF RETIRED)

Mill Man, Retired

9B. KIND OF BUSI-

NESS OR INDUSTRY

Mining

10. BIRTHPLACE (STATE

OR FOREIGN COUNTRY)

Arizona

11. CITIZEN OF WHAT

COUNTRY?

U.S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES?

(YES, NO, OR UNKNOWN)

No

13. SOCIAL SECURITY

NO

526-05-8583

14A. FATHER'S NAME

John Benjamin Beener

14B. BIRTHPLACE

(STATE OR COUNTRY)

Unknown

15A. MOTHER'S MAIDEN NAME

Clotilde Alexander

15B. BIRTHPLACE

(STATE OR COUNTRY)

Unknown

16. INFORMANT'S SIGNATURE

Sam Beener

ADDRESS

17. DATE

OF

DEATH

(MONTH)

Nov.

(DAY)

17

(YEAR)

1950

## 18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE

PER LINE FOR (A), (B),

(C).

\*THIS DOES NOT MEAN

THE MODE OF DYING.

SUCH AS HEART FAIL-

URE, ASTHMA, ETC.

IT MEANS THE DISEASE

INJURY, OR COMPLICA-

TION WHICH CAUSED

DEATH.

PLACE DISEASE COM-

TRACTED.

## I. DISEASE OR CONDITIONS

DIRECTLY LEADING TO DEATH\* (A)

Cerebral Hemorrhage

## ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STAT-

ING THE UNDERLYING CAUSE LAST.

DUE TO (B)

Hypertension

DUE TO (C)

Chronic Nephritis

GENERALIZED ARTERIOSCLEROSIS

## MEDICAL CERTIFICATION

## INTERVAL BETWEEN

ONSET AND DEATH

4 days

years

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT

SUICIDE

HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME,

FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN)

(COUNTY)

(STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR)

OF

INJURY

(YEAR) (HOUR)

(YEAR) (HOUR)

(YEAR) (HOUR)

(YEAR) (HOUR)

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(YEAR) (HOUR)

(YEAR) (HOUR)

(YEAR) (HOUR)

(YEAR) (HOUR)

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM September, 1950 TO Nov. 16, 1950. THAT I LAST SAW THE DECEASED

ALIVE ON Nov. 16, 1950, AND THAT DEATH OCCURRED AT 4:00 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

(DEGREE OR TITLE)

Melham E. Bishop MD

23B. ADDRESS

Lake Arizona

23C. DATE SIGNED

Nov. 24 1950

24A. BURIAL

CREMATION

REMOVAL

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

25A. DATE REC'D BY

LOCAL REG.

25B. REGISTRAR'S SIGNATURE

25C. FUNERAL DIRECTOR'S SIGNATURE

25D. ADDRESS

25E. SIGNATURE

25F. CERT. NO.

11-24-50

Nov. 20, 1950

Central Cemetery

Lafford, Ariz.

Nov. 24, 1950

Doree Waualee

11-24-50

Nov. 20, 1950

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